

Appendix A

VIRGINIA TRAUMA CENTER DESIGNATION/VERIFICATION APPLICATION QUESTIONNAIRE

Please complete this questionnaire in its entirety. All answers should directly follow the questions. The questionnaire should be submitted along with your application for designation/verification. This questionnaire is available electronically from The Office of EMS' Trauma/Critical Care Coordinator.

Name of Hospital

Name of Parent Organization (if applicable)

Hospital Address

City **State** Virginia **Zip**

Name and Title of Person Completing Application

CEO/President (include address if different than above)

Trauma Program Medical Director

Trauma Nurse Coordinator

Trauma Registrar

PURPOSE OF SITE REVIEW

A. Type of review:

☐ Designation

☐ Verification

Level of Review

☐ Level I

☐ Level II

☐ Level III

B. Date of most recent review:

YOUR LAST REVIEW

1. Have you reviewed your OEMS Trauma Center Designation File?

2. Please provide a response and follow up on any deficiencies noted during your last site review. (if applicable)
3. List any current issues at your hospital that are, or potentially are, problems for the trauma service and steps in progress for remediation.
4. Describe any addition or removal of hospital capabilities since your last site review.
5. Describe any other items that significantly impact the trauma program. (e.g. addition or subtraction of helicopter service, new trauma programs in area, withdrawal of programs etc.).
6. Describe any organizational or administrative changes at your facility since your last site review. (include changes in ownership of the hospital, changes to key staff members, changes in departmental or divisional status)

I. INSTITUTIONAL ORGANIZATION

- a. Do you have a designated trauma service?
- b. Describe the any additional administrative staff other than listed above.
- c. Do you have a call list for surgeons who respond?
- d. What is the number of surgeons on the list?
- e. Do you require that the surgeon who is called to come in for a critical trauma patient respond physically within a specified time?
- f. What is the length of time?

- g. How do you assure that the general surgeon is in-hospital prior to the arrival of the patient?
- h. When a critically injured patient arrives at your hospital, who takes direct charge?
- i. Do you provide CME for staff physicians, nurses and allied health personnel?
- j. Describe the trauma service including how the trauma medical director oversees all aspects of the multidisciplinary care from the time of injury through discharge.
- k. Provide a narrative job description of the trauma service director and trauma nurse coordinator.
- l. Is the trauma nurse coordinator a full or part time position? If not full time, please describe how the trauma service is major focus of their duties. Provide a narrative job description.
- m. Describe the criteria you use and who has the authority to activate a trauma team response.
- n. Describe the personnel on the trauma team for each level of response.

II. Hospital Departments/Divisions/Sections

- a. Do you have call lists for the surgical specialties?
- b. Do you have a specific length of time for other specialties to respond to the call?
- c. What is that time period?

II. Additional Clinical Capabilities

- a. describe your orthopedic coverage for trauma
- b. describe your neurosurgical coverage for trauma

IV. Clinical Qualifications

- a. What special qualifications do your emergency physicians have to provide critical management of the acutely injured?
- b. Is there a training program for critical care nurses?

V. Facilities/Resources/Capabilities

- a. Do you have operating room staff in-hospital 24-hours/day?
- c. Who provides in-hospital physician supervision of the recovery room/ICU environment?
- d. Is there a hospital-to-field communication system or network?
Describe.
- e. Who interprets radiographs after hours?

VI. Performance Improvement Program

- a. Is there a death audit for trauma deaths?
- b. Who audits the deaths that occur in the Emergency Department?

- c. Describe your PI program including how issues are identified and tracked, include copies of your tracking sheets.
- d. How does the PI program affect the way trauma care is rendered?

VII. Outreach Program

- a. Identify the number and level of other trauma centers in your primary and secondary catchment areas and describe their relationships to your centers.
- b. Describe your hospital's capability to respond to hazardous materials (radioactive, chemical, biological and other).
- c. Describe your hospital's participation in the regional trauma and disaster planning.
- d. Describe the EMS system in your primary and secondary catchment areas.
- e. Briefly describe the EMS governing body; include description of medical leadership. Include EMS involvement in the regional trauma committee.
- f. Detail your trauma center's participation in prehospital training and performance improvement.
- g. Describe the Medevac support services available in your primary and secondary catchment areas.
- h. Describe how your hospital provides trauma specific education to physicians, nurses and prehospital providers.

VIII. Injury Prevention

- a. Describe your injury prevention program.

IX. Hospital Documents

- a. Do you have treatment protocols for the care of the trauma patients?
If so, please attach the protocols to this document.
- b. Attach a Trauma Service organizational chart.
- c. Do you have a bypass or divert protocol? If so describe the reasons for bypass/divert and how many times you went on divert or bypass in the previous year.

X. Institutional Commitment

- a. Describe, in narrative, the commitment of your administration to trauma.